

**From:** Thomas R. Frieden  
**Sent:** Thursday, March 04, 2010 3:09 PM  
**To:** CDC State Health Commissioners  
**Subject:** Current H1N1 Strategy

Dear State Health Officer:

As we approach spring and influenza activity remains low, I would like to share with you our perspective on where we have been and where we are likely heading with 2009 H1N1 influenza.

Since the beginning of the New Year, flu activity has been relatively low, with the vast majority of circulating influenza viruses continuing to be 2009 H1N1. A substantial portion of the United States population has now gained immunity to 2009 H1N1 influenza, either through infection or immunization. We estimate that between April 2009 and January 16, 2010, approximately 57 million people became sick with 2009 H1N1 and more than 80 million people have been vaccinated. This substantial immunity to 2009 H1N1 from illness or immunization, especially evident among children who have the highest rates of immunization and clinical infection, reduces the likelihood of additional large outbreaks of 2009 H1N1 disease at this time. However, flu activity has occurred in waves during past pandemics, and the United States could experience another smaller wave, or, more likely, localized 2009 H1N1 outbreaks in communities that have been less affected by illness, or where disease or vaccination rates have been lower than other areas. Although another large wave is unlikely, 2009 H1N1 has not gone away, and we expect that flu activity, caused either by 2009 H1N1 or seasonal flu viruses, will continue. Sporadic influenza cases also may be detected this summer.

The 2009 H1N1 vaccination initiative has been a remarkable success. Approximately 37% of children age 18 years old and younger and 23% of adults over 18 years of age have been vaccinated. Since mid-January, there has been a decline in public interest in 2009 H1N1 vaccination. As supply has surpassed demand, the number of doses ordered and shipped has declined, from 11.6 million during the first week of January, to 68,000 during the last week of February. Claims for H1N1 vaccine administration in private providers' offices increased after the winter holidays, peaked in mid-January, and have subsequently declined.

Despite current lower levels of disease and increased vaccination coverage, we encourage you to remain vigilant to detect changes in influenza activity. Testing, including sub-typing of influenza A viruses to detect both pandemic and seasonal influenza strains, should continue for all hospitalized and severely ill patients, including patients aged  $\geq 65$  years, and for specimens submitted by ILINet providers. Timely reporting of all pediatric deaths associated with laboratory-confirmed influenza remains important. Continued reporting of ILI through ILINet also will be important to track changes in influenza activity. Health care providers should continue to use established reporting channels to report any particularly severe or unusual influenza cases and cases among health care workers to local or state health departments. Institutional closings or clusters of influenza infections in prisons, schools, colleges, and long-term care facilities also should be reported through state and local health departments.

Vaccine should continue to be made available through provider offices, retail settings, and health departments. We encourage you to determine how best to promote 2009 H1N1 vaccination, based on your assessment of influenza activity and demand for vaccine at the local level. At this point, targeted outreach may be the most appropriate strategy, (e.g. to those at high risk of severe illness, to parents of young children who need to return for the second dose of vaccine, minority and hard-to-reach populations, college and university students, and people 65 years and older). We particularly recommend direct communication with health care providers and retailers to continue to encourage vaccination of people with high risk conditions. As part of this communication, The Centers for Disease Control and Prevention (CDC) recommends that state health departments request that retailers, pharmacies, and health care providers retain their unexpired H1N1 vaccine supplies as a reserve should demand for vaccination increase before demand for seasonal vaccine becomes available.

CDC will continue to inform the public, partners and health care providers about H1N1 flu activity and recommendations/guidance in weeks and months ahead, especially with respect to vaccination. As plans are finalized, we will share information concerning guidance with health departments on disposal of expired vaccine.

Thank you for continued work keeping the public safe and healthy this influenza season.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.

Director, CDC, and Administrator, Agency for Toxic Substances and Disease Registry